


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90012 008 ***150.00

DOCUMENT # P03000136775

1. Entity Name
CHUCK STONE AIR CONDITIONING AND HEATING, INC.



Principal Place of Business
**329 N. COMET AVE.
 PANAMA CITY, FL 32404**

Mailing Address
**329 N. COMET AVE.
 PANAMA CITY, FL 32404**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



05122004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0410541** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BARNES & JAMES, P.A.
 2629 BLAIR STONE RD.
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
 Name **CHARLES J STONE**
 Street Address (P.O. Box Number is Not Acceptable)
329 N COMET AVE.
 City **PANAMA CITY FL** Zip Code **32404**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles J Stone* **CHARLES J STONE** PRESIDENT **5/12/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STONE, CHARLES J STREET ADDRESS 329 N. COMET AVE. CITY-ST-ZIP PANAMA CITY, FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME STONE, SHANE J STREET ADDRESS 329 N. COMET AVE. CITY-ST-ZIP PANAMA CITY, FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles J Stone* **CHARLES J STONE** **5/12/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #